



### U.S. Department of Justice Office of the Inspector General

**EXHIBIT 9** 

MENU

### **Hotline**

If you know about waste, fraud, abuse, misconduct, or whistleblower retaliation within the Department of Justice (DOJ), you may report it to the OIG Hotline. Please click the button below to begin the online complaint submission process.

COVID-19 UPDATE: Please note, complaints received by physical mail will experience a processing delay. The online complaint form is the most efficient method for submitting complaints to the DOJ OIG Hotline.

**Submit a Complaint** 

Oversight Work

**Reports** 

<u>Criminal and Civil Cases</u>

<u>Misconduct Findings</u>

Ongoing Work

Recent Updates

Pandemic Response Oversight

Resources

**Accessibility** 

**FOIA** 

Webinar for Grantees: The Audit Process

**About** 

About the Office

Meet the Inspector General

**Contracting Opportunities** 

<u>Careers</u>

<u>Contact</u>

**External Resources** 

**Department of Justice** 

Oversight.gov

https://oig.justice.gov/hotline 1/2

Whistleblower Rights and Protections

**Hotline** 

<u>Council of the Inspectors General on Integrity and Efficiency</u>

Pandemic Response Accountability Committee



#### **EXHIBIT 9**

(202) 514-3435

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https://oig.justice.gov/hotline 2/2



#### U.S. Department of Justice Office of the Inspector General

MENU

#### EXHIBIT 9

### **Submitting a Complaint**

#### What NOT to Report to the OIG

#### What to Report TO the OIG

The following matters are generally not investigated by the DOJ OIG:

- 911 emergencies
- EEO complaints
- Misconduct by judges at the federal, state, or local level
- Misconduct by state and local police departments (unless the misconduct concerns DOJ grant funds)
- Misconduct at state and local prisons (unless the complainant involves a U.S. Marshals Service detainee)

You may report waste, fraud, abuse, or misconduct relating to a DOJ employee, program, contract, or grant to the OIG Hotline. The OIG accepts complaints related to the following DOJ components:

- Federal Bureau of Investigation
- Drug Enforcement Administration
- Federal Bureau of Prisons
- U.S. Marshals Service
- Bureau of Alcohol, Tobacco, Firearms, and Explosives
- · United States Attorneys' Offices
- Other DOJ Offices, Bureaus, or Divisions

The DOJ OIG also has jurisdiction to investigate allegations of whistleblower retaliation involving:

- Employees of the Federal Bureau of Investigation
- Employees of DOJ contractors, subcontractors, grantees, and subgrantees
- DOJ employees who believe their security clearance or access to classified information has been taken in retaliation for whistleblowing

#### **EXHIBIT 9**

**Resources for Non-DOJ Complaints** 

Submit a Complaint to the DOJ OIG

**OIG Jurisdiction** 

Confidentiality

**Privacy Act Notice** 

**Protections for Whistleblowers** 

**Oversight Work** 

**Reports** 

**Criminal and Civil Cases** 

**Misconduct Findings** 

**About** 

**About the Office** 

Meet the Inspector General

**Contracting Opportunities** 

Ongoing Work EXHIBIT 9 Careers

Recent Updates Contact

Pandemic Response Oversight

Resources
Accessibility

External Resources
Department of Justice

FOIA Oversight.gov

Webinar for Grantees: The Audit Process

Whistleblower Rights and Protections Council of the Inspectors General on Integrity

Hotline and Efficiency

Pandemic Response Accountability Committee



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### U.S. Department of Justice Office of the Inspector

MENU

**EXHIBIT 9** 

# Please choose the option that best describes the nature of your complaint:

(Hover your mouse over each selection for more information)

COVID-19

Waste, Fraud, Abuse, or Misconduct

**Whistleblower Retaliation** 

None of these options apply to my complaint

What to Report to the OIG

**Protections for Whistleblowers** 

**Oversight Work** 

**Reports** 

**Criminal and Civil Cases** 

**Misconduct Findings** 

**About** 

**About the Office** 

Meet the Inspector General

**Contracting Opportunities** 

**Ongoing Work EXHIBIT 9** <u>Careers</u>

**Recent Updates** Contact

Pandemic Response Oversight

Resources **External Resources** 

**Accessibility Department of Justice** 

Oversight.gov **FOIA** 

Webinar for Grantees: The Audit Process

Whistleblower Rights and Protections

Council of the Inspectors General on Integrity **Hotline** 

and Efficiency

Pandemic Response Accountability Committee



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MENU

#### **EXHIBIT 9**

# Please choose the option that best describes the nature of your complaint:

(Hover your mouse over each selection for more information)

**DOJ Contracts or Subcontracts** 

**DOJ Grants** 

**Civil Rights Violations by DOJ Employees** 

**DOJ Employees or Programs** 

None of these options apply to my complaint

What to Report to the OIG

**Protections for Whistleblowers** 

**Oversight Work** 

**About** 

2/9/2021 Caseasa abose vin Dost consentes the Arature of Filo action Data in 13/2. Begin entrof 20 stice action to the 51/2 ctor General

Reports EXHIBIT 9 About the Office

<u>Criminal and Civil Cases</u>
<u>Meet the Inspector General</u>

<u>Misconduct Findings</u> <u>Contracting Opportunities</u>

<u>Ongoing Work</u> <u>Careers</u>

Recent Updates Contact

Pandemic Response Oversight

Resources External Resources

Accessibility <u>Department of Justice</u>

FOIA Oversight.gov

<u>Council of the Inspectors General on Integrity</u>

Webinar for Grantees: The Audit Process and Efficiency

<u>Whistleblower Rights and Protections</u>
<u>Pandemic Response Accountability Committee</u>

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#### U.S. Department of Justice Office of the Inspector General

MENU

#### **EXHIBIT 9**

### **Grant Complaint**

This form should only be used to submit complaints related to Department of Justice (DOJ) **Grants**. For complaints that do not involve DOJ grants, click here.

Please Note: The online complaint form is the most efficient method for submitting complaints to the DOJ OIG Hotline.

If you would like to submit supporting documentation, please mail in your complaint with the supporting documentation to the address listed below, instead of using our online form.

Pursuant to <u>2 C.F.R.</u> § 200.113, grantees, subgrantees, and grant applicants must disclose violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting a grant to the federal awarding agency. While disclosures of such criminal violations to the OIG are voluntary, failure to provide the OIG with all of the information needed to investigate could result in an incomplete investigation.

**Submit Report Online** 

#### Mailing Address:

U.S. Department of Justice Office of the Inspector General **Investigations Division** ATTN: Fraud Detection Office 950 Pennsylvania Ave., NW Washington, DC 20530

Fax: (202) 616-9881

What to Report to the OIG

**Protections for Whistleblowers** 

2/9/2021 Case: 1:20-cv-06316 Dogan room to the first of the constant of the co

**Oversight Work** 

**Reports** 

**EXHIBIT 9** 

About the Office

Criminal and Civil Cases

**Meet the Inspector General** 

**Misconduct Findings** 

**Contracting Opportunities** 

Ongoing Work

<u>Careers</u>

**About** 

**Recent Updates** 

Contact

Pandemic Response Oversight

**External Resources** 

Resources

**Department of Justice** 

<u>Accessibility</u>

**FOIA** 

Oversight.gov

Webinar for Grantees: The Audit Process

Council of the Inspectors General on Integrity

and Efficiency

Whistleblower Rights and Protections

Pandemic Response Accountability Committee

**Hotline** 



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Department of Justice Office of the Inspector General

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<u>Privacy Policy | Legal Policies & Disclaimers | No Fear Act | Sitemap</u>



#### U.S. Department of Justice Office of the Inspector General

**EXHIBIT 9** 

MENU

### **Grant Complaint**

- Grant Complaint
- Grant Information
- Grant Complaint Description
- Complete

☐ Submit complaint anonymously

Please fill in as much information as possible. Mandatory fields are identified by an asterisk (\*). If you do not wish to provide contact information, you may submit your complaint anonymously.

#### **Your Information**

our Title	
- None -	
our First Name	
our Middle Name	
our Last Name	

**EXHIBIT 9** Your Suffix (Jr. Sr. IV, etc.) Your Email Your Company Name **Your Address** Your Address 2 Your City/Town Your State/Province - None -Your ZIP/Postal Code **Your Country** - None -Your Phone Format: XXX-XXX-XXXX Your Fax

Case: 1:20-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 stack / 2016 Pange in 120-cv-06316 DGGMICOOPDEHH: | 43:100 Frited: 000 st

2/9/2021

Next Page >

#### **EXHIBIT 9**

Oversight Work About

<u>Reports</u> <u>About the Office</u>

<u>Criminal and Civil Cases</u> <u>Meet the Inspector General</u>

<u>Misconduct Findings</u> <u>Contracting Opportunities</u>

Ongoing Work Careers

Recent Updates Contact

Pandemic Response Oversight

Whistleblower Rights and Protections

Resources External Resources

Accessibility Department of Justice

<u>FOIA</u> <u>Oversight.gov</u>

<u>Webinar for Grantees: The Audit Process</u>
<u>Council of the Inspectors General on Integrity</u>

and Efficiency

Pandemic Response Accountability Committee

Department of Justice Office of the Inspector

General

Hotline

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### U.S. Department of Justice Office of the Inspector General

**EXHIBIT 9** 

MENU

### **Grant Complaint**

5 errors have been found:

Your First Name, Your Last Name, Your Email, Your City/Town, Your State/Province

- Grant Complaint
- Grant Information
- Grant Complaint Description
- Complete

Sub	mit	comp	laint	anony	ymousl	Ŋ

Please fill in as much information as possible. Mandatory fields are identified by an asterisk (\*). If you do not wish to provide contact information, you may submit your complaint anonymously.

#### **Your Information**

Your Middle Name

Your Last Name	EXHIBIT 9	
Your Last Name field is re	equired.	
Your Suffix (Jr. Sr. IV, etc.)		
Your Email		
Your Email field is requir	ed.	
Your Company Name		
Your Address		
Your Address 2		
Your City/Town		
Tour city, rown		
Your City/Town field is re	quired.	
	•	
Your State/Province		
- None -		
Your State/Province field	is required.	
Your ZIP/Postal Code		

2/9/2021

Case: 1:20-cv-06316 DGan rough #: | 43-100 Frited: 000 stc3/2ftc Page in Feat geld #:520 2/9/2021

**Your Country** 

- None -	
Your Phone	EXHIBIT 9
Format: XXX-XXX-XXXX	
Your Fax	

Next Page >

**Oversight Work About** 

Reports

Meet the Inspector General Criminal and Civil Cases

**Misconduct Findings** 

**Ongoing Work Careers** 

**Recent Updates Contact** 

Pandemic Response Oversight

Resources

**Accessibility** 

**FOIA** 

Webinar for Grantees: The Audit Process

Whistleblower Rights and Protections

**Hotline** 

About the Office

**Contracting Opportunities** 

**External Resources** 

**Department of Justice** 

Oversight.gov

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and Efficiency

Pandemic Response Accountability Committee



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**EXHIBIT 9** 



# U.S. Department of Justice Office of the Inspector General

MENU

#### **EXHIBIT 9**

### **Grant Complaint**

- Grant Complaint
- Grant Information
- Grant Complaint Description
- Complete

### **Grant Information**

Grant Number
Grant City/Town
Grant State/Province
- Select -
Company/Entity receiving the grant
Date and time the incident occurred

Time the incident occurred

EXHIE	BIT 9
DOJ Component	
- Select -	
DOJ Grant Manager Name	
Grant Description ?	
< Previous Page Next Page >	
Oversight Work	About
<u>Reports</u>	About the Office
Criminal and Civil Cases	Meet the Inspector General
Misconduct Findings	Contracting Opportunities
Ongoing Work	<u>Careers</u>
Recent Updates	<u>Contact</u>
Pandemic Response Oversight Resources	External Resources
<u>Accessibility</u>	<u>Department of Justice</u>
FOIA	<u>Oversight.gov</u>

Pandemic Response Accountability Committee

**Hotline** 



#### **EXHIBIT 9**

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#### **EXHIBIT 9**



## U.S. Department of Justice Office of the Inspector General

MENU

### **Grant Complaint**

- Grant Complaint
- Grant Information
- Grant Complaint Description
- Complete

#### **Grant Information**

Grant Number
Grant City/Town
Chicago
Grant State/Province
Illinois
Company/Entity receiving the grant
EMAGES Inc.
Date and time the incident occurred

Time the incident occurred

#### **EXHIBIT 9**

#### **DOJ Component**

Other – Enter the component in the box below.

Other Component

Second Chance Act Grant

**DOJ Grant Manager Name** 

Grant Description ?

Category 2: Community-Based Adult Reentry with Small and Rural Organizations

< Previous Page Next Page >

Oversight Work About

Reports About the Office

<u>Criminal and Civil Cases</u> <u>Meet the Inspector General</u>

<u>Misconduct Findings</u> <u>Contracting Opportunities</u>

Ongoing Work Careers

Recent Updates Contact

Pandemic Response Oversight

Whistleblower Rights and Protections

Resources External Resources

Accessibility Department of Justice

FOIA Oversight.gov

Webinar for Grantees: The Audit Process

Council of the Inspectors General on Integrity

and Efficiency

Pandemic Response Accountabiling Committee

**Hotline** 



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<u>In memory of OIG Special Agent William "Buddy" Sentner</u>

<u>Privacy Policy | Legal Policies & Disclaimers | No Fear Act | Sitemap</u>



# U.S. Department of Justice Office of the Inspector General

**EXHIBIT 9** 

MENU

### **Grant Complaint**

- Grant Complaint
- Grant Information
- Grant Complaint Description
- Complete

Details:

### **Complaint Description**

Subject Title	
- None -	
Subject First	
Subject Middle	
Subject Last	
Subject Suffix	

Please provide a description of the facts and circumstances surrounding the reported activities, such as the evidence forming the basis of this report, the names of the individuals involved, dates, location, how the matter was discovered, potential witnesses and their involvement, and any corrective action already taken.

EXHIBIT 9

< Previous Page Submit

Oversight Work About

<u>Reports</u> <u>About the Office</u>

<u>Criminal and Civil Cases</u> <u>Meet the Inspector General</u>

<u>Misconduct Findings</u> <u>Contracting Opportunities</u>

Ongoing Work Careers

<u>Recent Updates</u> <u>Contact</u>

Pandemic Response Oversight

Resources

<u>Accessibility</u> <u>Department of Justice</u>

FOIA Oversight.gov

Webinar for Grantees: The Audit Process

Council of the Inspectors General on Integrity

**External Resources** 

<u>And Efficiency</u>
Whistleblower Rights and Protections

Pandemic Response Accountability Committee
Hotline



(202) 514-3435

/9/2021 Case: 1:20-cv-06316 Dogani roceptatik: 43:100 Frited: 000 flot Page 13 Foot 27 Fage 1D #:530

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<u>In memory of OIG Special Agent William "Buddy" Sentner</u>

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**EXHIBIT 9**